



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

DOWNTOWN PERFORMANCE MEDICAL CENTER
3033 FANNIN ST
HOUSTON TX 77004

DWC Claim #:
Injured Employee:
Date of Injury:
Employer Name:
Insurance Carrier #:

Respondent Name

NEW HAMPSHIRE INSURANCE CO

Carrier's Austin Representative Box

Box Number 19

MFDR Tracking Number

M4-10-3829-01

MFDR Date Received

APRIL 30, 2010

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "No EOB has been received for this DOS. Upon speaking with a Cheryl Herrera at Crawford/Broadspire she informed be [sic] the bill had been denied by the adjuster, Tamela Jones, per extent of injury. The services were rendered to the patient following the acceptance of the injury and the determination of compensability in this claim. The carrier has not responded to the disputes and no EOBs have been received..."

Amount in Dispute: \$337.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The insurance company, or its agent, has not submitted a response to the request for medical fee dispute resolution.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 11, 2009	Physical Therapy Services	\$337.00	\$ 243.42

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. Texas Labor Code §410.168 sets out the procedures for a Hearing Officer to issue a decision on compensability issues.
3. 28 Texas Administrative Code §134.203 sets out the guidelines for reimbursement for professional services.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - Neither party submitted EOBs for the disputed date of service.

Issues

1. Was the injured workers' injury deemed compensable at a Contested Case Hearing?
2. Is the requestor entitled to reimbursement?

Findings

1. In accordance with Texas Labor Code §410.168 the Hearing Officer issued a Decision and Order on July 29, 2009 finding for the claimant. Therefore, in accordance with 28 Texas Administrative Code §133.307 the disputed date of service is eligible for review.
2. Per 28 Texas Administrative Code §134.203(b)(1) For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.
28 Texas Administrative Code §134.203(c) states, in pertinent part, "To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications (1) ... For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83... (2) Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year." The MAR for the payable services may be calculated by (2009 TDI-DWC Conversion Factor / MEDICARE CONVERSION FACTOR) x Facility Price = MAR.
 - CPT Code 97110 – $(53.68 \div 36.0666) \times \$28.48 \times 4 \text{ unit} = \169.55
 - CPT Code G0283 – $(53.68 \div 36.0666) \times \$11.70 \times 1 \text{ units} = \17.41
 - CPT Code 97035 – $(53.68 \div 36.0666) \times \$11.74 \times 1 \text{ unit} = \17.47
 - CPT Code 97140 – $(53.68 \div 36.0666) \times \$26.20 \times 1 \text{ unit} = \38.99

Review of the submitted documentation finds the requestor has supported reimbursement for the treatment rendered to the injured employee.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$243.42.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$243.42 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

May 3, 2013
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.